NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Gold Star Monitoring Process

Post-Payment Reviews

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Accountability Team
NC DMH/DD/SAS

June 12, 2013

References/Authority:

42 CFR 438.240 (Quality Assessment and Performance Improvement)

42 CFR 455 (Program Integrity)

42 CFR 456 (Utilization Control)

42 CFR 456.23 (Post-Payment Review Process)

Session Law 2011-264 (Statewide Expansion of the 1915 (b)(c) Waiver)

Session Law 2009-451 (Streamline paperwork and administrative burden on LMEs and providers)

Post-Payment Reviews:

- Post-Payment Reviews (PPR) are used to assure that payments are made for services delivered to beneficiaries. Any overpayments identified by this review are required to be recouped or collected.

- PPR involve examination of claims, payment data, medical record documentation, financial records, administrative research, application of Medicaid coverage policies, and any additional information to support provider's operations and processes. Post-payment reviews may be conducted via on-site visit or desk review.

- PPR are about monitoring the providers to make sure they are in compliance with clinical coverage policies, state, and federal rules and regulations

Post-Payment Reviews:

- PPR assure that providers are paid appropriately and are in compliance with Medicaid clinical coverage policies according to State Plan, Waiver, and Prepaid Inpatient Health Plan.

- PPR tools shall be used when LME-MCO conduct special audits or investigations related to program integrity activities in accordance with DHHS/ LME-MCO Contract, 42 CFR 438.608, 42 CFR 455.14, and 42 CFR 456.23.

Post-Payment Reviews:

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Post-Payment Review Tools

- Child and Adolescent Day Treatment
- Diagnostic Assessment
- Generic
- Innovations
- LIP
- Outpatient Opioid Treatment
- PRTF
- Residential Services

Post-Payment Review Worksheets

- Staff Qualifications
- Staffing ratios

*optional

Generic PPR Tool

- Ambulatory Detoxification
- Assertive Community Treatment Team
- Community Support Team
- Intensive In-Home Services

Generic PPR Tool

- Medically Supervised or ADATC Detoxification/Crisis Stabilization
- Mobile Crisis Management
- Multisystemic Therapy (MST)
- Non-Hospital Medical Detoxification

Generic PPR Tool

- Partial Hospitalization
- Peer Support Services
- Professional Treatment Services in Facility-Based Crisis Program
- Psychosocial Rehabilitation

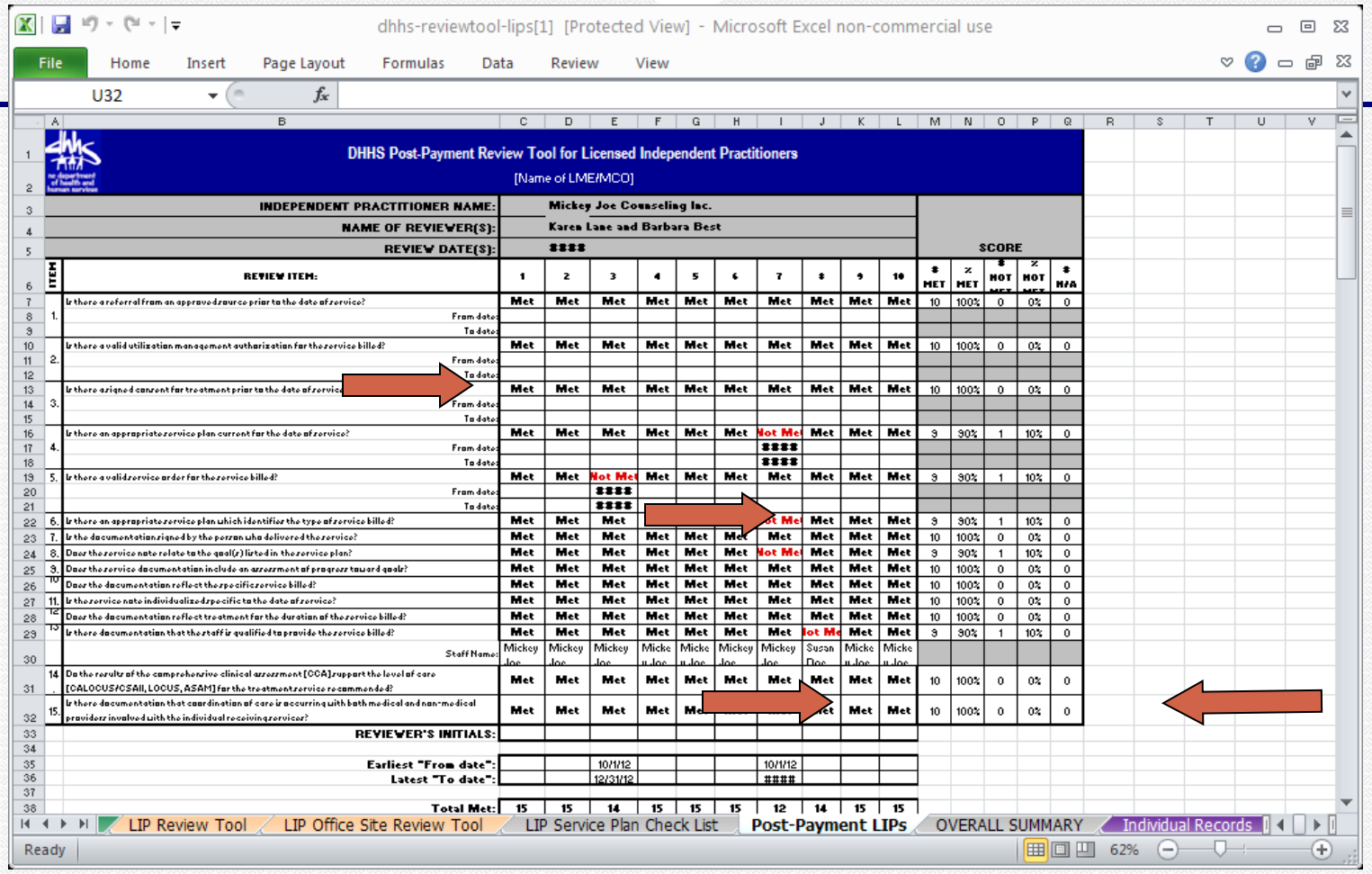
Generic PPR Tool

- Substance Abuse Comprehensive Outpatient Treatment Program
- Substance Abuse Intensive Outpatient Program
- Substance Abuse Non-Medical Community Residential Program
- Substance Abuse Medically Monitored Community Residential Program

LIP PPR

- Tool
- Guidelines
- Citations
- PPR Action

LIP PPR Tool



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U32

DHHS Post-Payment Review Tool for Licensed Independent Practitioners

[Name of LME/MCO]

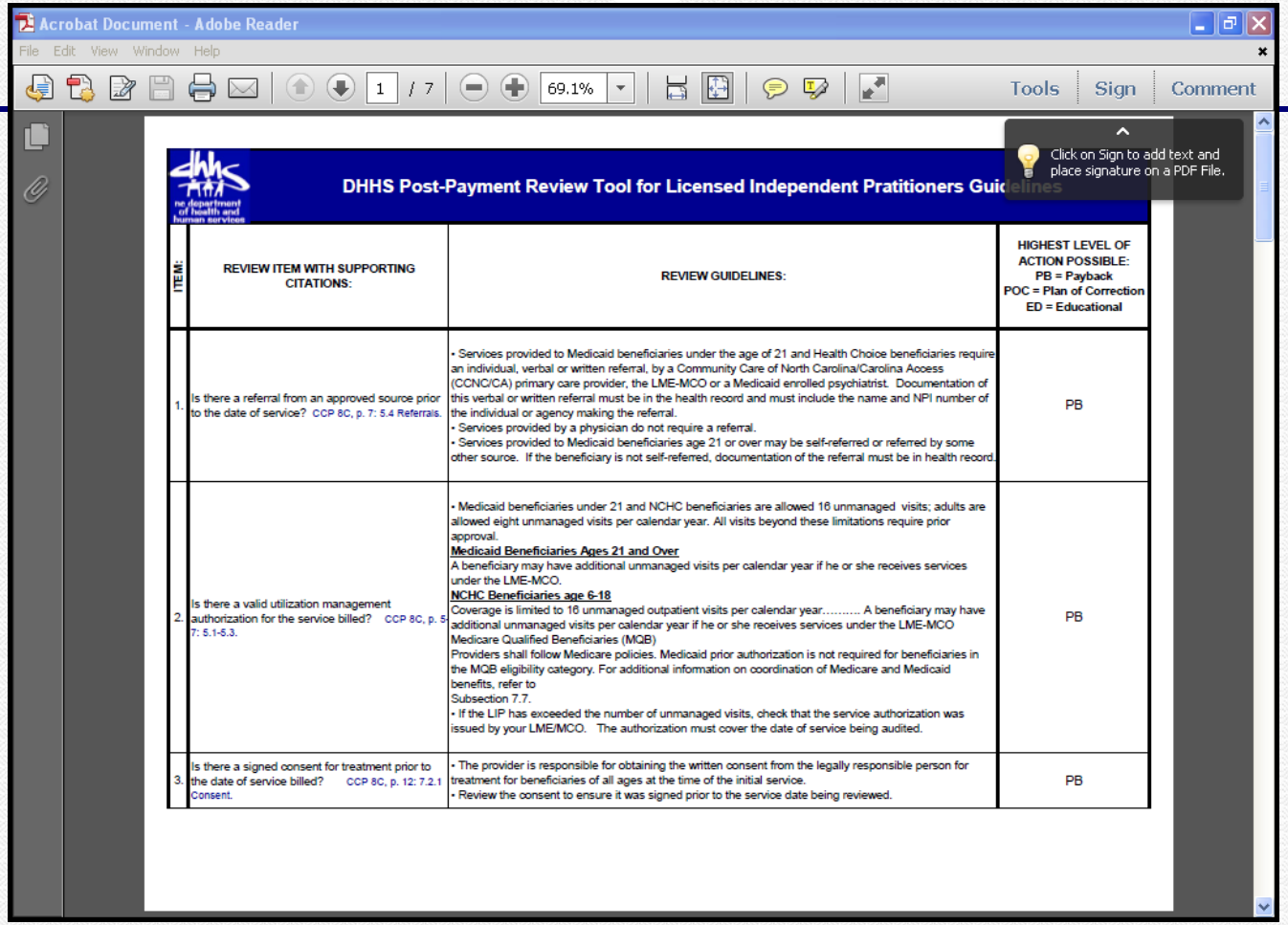
INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
NAME OF REVIEWER(S):	Karen Lane and Barbara Best
REVIEW DATE(S):	####

ITEM	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	SCORE # MET	SCORE % MET	SCORE # NOT MET	SCORE % NOT MET	SCORE # N/A
	Is there a referral from an approved source prior to the date of service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
1.	From date:															
	To date:															
	Is there a valid utilization management authorization for the service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
2.	From date:															
	To date:															
	Is there a signed consent for treatment prior to the date of service	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
3.	From date:															
	To date:															
	Is there an appropriate service plan current for the date of service?	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	Met	9	90%	1	10%	0
4.	From date:							####								
	To date:							####								
	Is there a valid service order for the service billed?	Met	Met	Not Met	Met	Met	Met	Met	Met	Met	Met	9	90%	1	10%	0
5.	From date:			####												
	To date:			####												
6.	Is there an appropriate service plan which identifies the type of service billed?	Met	Met	Met				Not Met	Met	Met	Met	9	90%	1	10%	0
7.	Is the documentation signed by the person who delivered the service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
8.	Does the service note relate to the goal(s) listed in the service plan?	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	Met	9	90%	1	10%	0
9.	Does the service documentation include an assessment of progress toward goals?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
10.	Does the documentation reflect the specific service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
11.	Is the service note individualized specific to the date of service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
12.	Does the documentation reflect treatment for the duration of the service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
13.	Is there documentation that the staff is qualified to provide the service billed?	Met	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	9	90%	1	10%	0
	Staff Name:	Mickey Joe	Mickey Joe	Mickey Joe	Micke y Joe	Micke y Joe	Mickey Joe	Mickey Joe	Susan Doe	Micke y Joe	Micke y Joe					
14.	Do the results of the comprehensive clinical assessment [COA] support the level of care [CALOCUS/CSAII, LOCUS, ASAM] for the treatment service recommended?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
15.	Is there documentation that coordination of care is occurring with both medical and non-medical providers involved with the individual receiving services?	Met	Met	Met	Met	Met			Met	Met	Met	10	100%	0	0%	0
	REVIEWER'S INITIALS:															
	Earliest "From date":			10/1/12				10/1/12								
	Latest "To date":			12/31/12				####								
	Total Met:	15	15	14	15	15	15	12	14	15	15					

LIP Review Tool | LIP Office Site Review Tool | LIP Service Plan Check List | Post-Payment LIPs | OVERALL SUMMARY | Individual Records

Ready 62%

LIP PPR Guidelines, Citations, & Action



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Click on Sign to add text and place signature on a PDF File.

nc department of health and human services

DHHS Post-Payment Review Tool for Licensed Independent Pratitioners Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
1.	Is there a referral from an approved source prior to the date of service? CCP 8C, p. 7: 5.4 Referrals.	• Services provided to Medicaid beneficiaries under the age of 21 and Health Choice beneficiaries require an individual, verbal or written referral, by a Community Care of North Carolina/Carolina Access (CCNC/CA) primary care provider, the LME-MCO or a Medicaid enrolled psychiatrist. Documentation of this verbal or written referral must be in the health record and must include the name and NPI number of the individual or agency making the referral. • Services provided by a physician do not require a referral. • Services provided to Medicaid beneficiaries age 21 or over may be self-referred or referred by some other source. If the beneficiary is not self-referred, documentation of the referral must be in health record.	PB
2.	Is there a valid utilization management authorization for the service billed? CCP 8C, p. 5-7: 5.1-5.3.	• Medicaid beneficiaries under 21 and NCHC beneficiaries are allowed 16 unmanaged visits; adults are allowed eight unmanaged visits per calendar year. All visits beyond these limitations require prior approval. **Medicaid Beneficiaries Ages 21 and Over** A beneficiary may have additional unmanaged visits per calendar year if he or she receives services under the LME-MCO. **NCHC Beneficiaries age 6-18** Coverage is limited to 16 unmanaged outpatient visits per calendar year..... A beneficiary may have additional unmanaged visits per calendar year if he or she receives services under the LME-MCO Medicare Qualified Beneficiaries (MQB) Providers shall follow Medicare policies. Medicaid prior authorization is not required for beneficiaries in the MQB eligibility category. For additional information on coordination of Medicare and Medicaid benefits, refer to Subsection 7.7. • If the LIP has exceeded the number of unmanaged visits, check that the service authorization was issued by your LME/MCO. The authorization must cover the date of service being audited.	PB
3.	Is there a signed consent for treatment prior to the date of service billed? CCP 8C, p. 12: 7.2.1 Consent.	• The provider is responsible for obtaining the written consent from the legally responsible person for treatment for beneficiaries of all ages at the time of the initial service. • Review the consent to ensure it was signed prior to the service date being reviewed.	PB

Generic PPR Tool

- Tool
- Guidelines
- Citations
- PPR Action

Generic PPR Tool

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Print screen

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Reply with Changes... End Review...

B2

DHHS Post-Payment Review Tool for Providers (Generic)

Alliance Behavioral Healthcare

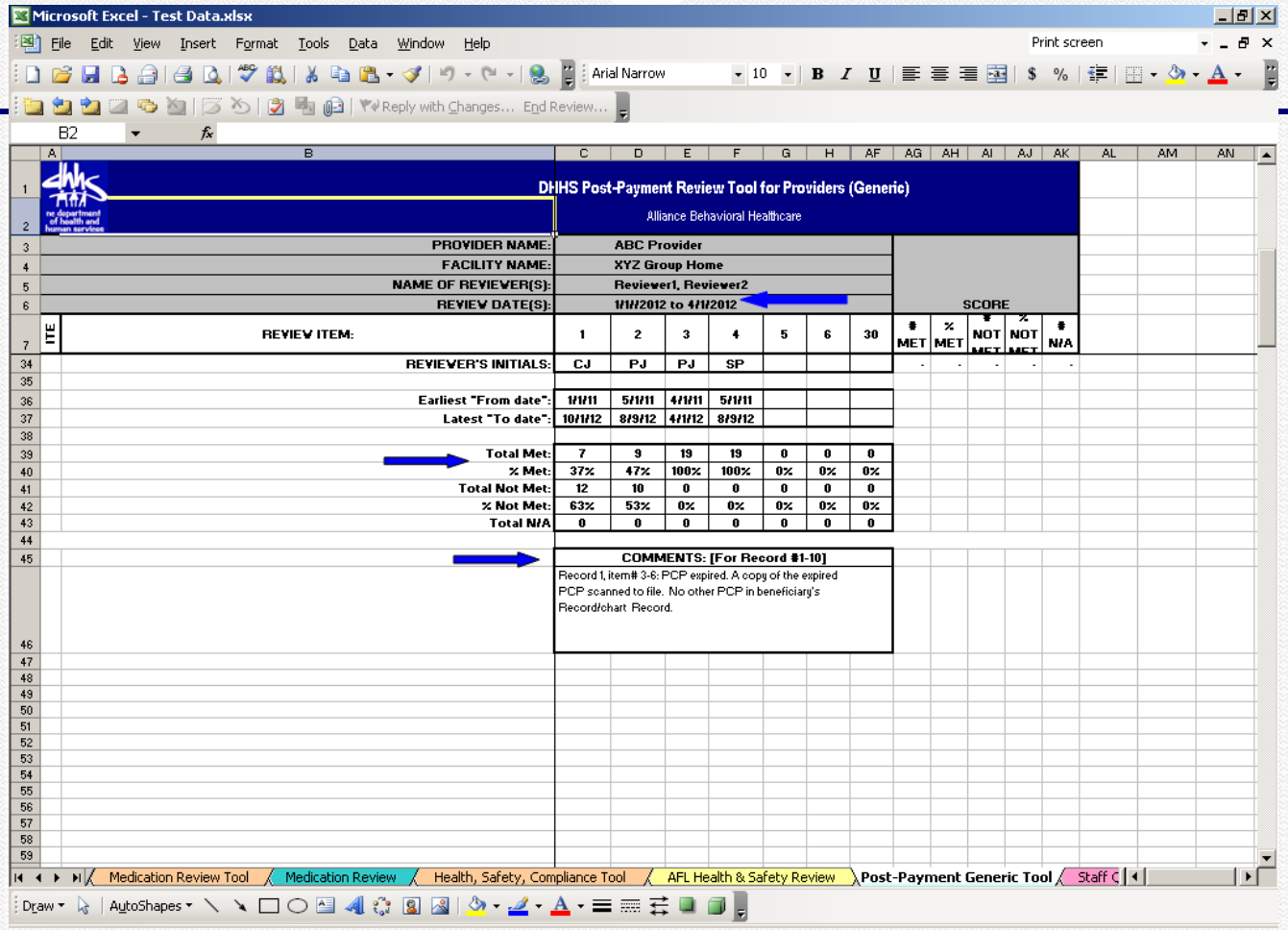
PROVIDER NAME:	ABC Provider
FACILITY NAME:	XYZ Group Home
NAME OF REVIEWER(S):	Reviewer1, Reviewer2
REVIEW DATE(S):	1/1/2012 to 4/1/2012

ITE	REVIEW ITEM:	1	2	3	4	5	6	30	SCORE # MET	SCORE % MET	SCORE # NOT MET	SCORE % NOT MET	SCORE # N/A
1.	Is there a valid utilization management authorization for the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
	From date:	10/1/11	8/9/11	4/1/11	8/9/11								
	To date:	10/1/12	8/9/12	4/1/12	8/9/12								
2.	Is there a valid service order for the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
	From date:	1/1/11	5/1/11	4/1/11	5/1/11								
	To date:	1/1/12	5/1/12	4/1/12	5/1/12								
3.	Is there an appropriate service plan current for the date of service?	Not Met	Met	Met	Met				3	75%	1	25%	0
	From date:	1/1/11	5/1/11	4/1/11	5/1/11								
	To date:	1/1/12	5/1/12	4/1/12	5/1/12								
4.	Is there an appropriate service plan which identifies the type of service billed?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
5.	Is the PCP individualized for the person receiving the service?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
6.	Does the crisis plan include the required elements?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
7.	Is the documentation signed by the person who delivered the service?	Met	Met	Met	Met				4	100%	0	0%	0
8.	Does the service note or grid relate to the goal(s) listed in the service plan?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
9.	Does the documentation indicate that the requirements of the service definition/rule were met? [See comments in addendum.]	Met	Met	Met	Met				4	100%	0	0%	0
10.	Does the documentation reflect treatment for the duration of the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
11.	Does the documentation include an assessment of progress toward goals?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
12.	Is the service note individualized specific to the date of service?	Met	Met	Met	Met				4	100%	0	0%	0
13.	Do the units billed correspond to the duration documented on the service note?	Met	Met	Met	Met				4	100%	0	0%	0
14.	Is there documentation that the staff is qualified to provide the service billed?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
	Staff name:	Jane	John	Sue	Sam				0	0%	0	0%	0
15.	Is there an individualized supervision plan in place for paraprofessional and/or associate professional staff?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
16.	Is the staff supervision plan implemented as written?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
17.	Was there a Health Care Registry check completed for the staff prior to this event's date of service [unlicensed employees only]?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
18.	Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service? [for unlicensed services and staff hired to provide licensed services prior	Not Met	Met	Met	Met				3	75%	1	25%	0
19.	Was the appropriate criminal record check completed prior to this date	Not Met	Not Met	Met	Met				2	50%	2	50%	0

Medication Review Tool | Medication Review | Health, Safety, Compliance Tool | AFL Health & Safety Review | Post-Payment Generic Tool | Staff C

Draw AutoShapes

Generic PPR Tool



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Arial Narrow 10 — Reply with Changes... End Review...

B2

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NAME OF REVIEWER(S):	Reviewer1, Reviewer2
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ITE	REVIEW ITEM:	1	2	3	4	5	6	30	SCORE # MET	% MET	# NOT MET	% NOT MET	# N/A
	REVIEWER'S INITIALS:	CJ	PJ	PJ	SP				-	-	-	-	-
	Earliest "From date":	1/1/11	5/1/11	4/1/11	5/1/11								
	Latest "To date":	10/1/12	8/9/12	4/1/12	8/9/12								
	Total Met:	7	9	19	19	0	0	0					
	% Met:	37%	47%	100%	100%	0%	0%	0%					
	Total Not Met:	12	10	0	0	0	0	0					
	% Not Met:	63%	53%	0%	0%	0%	0%	0%					
	Total N/A	0	0	0	0	0	0	0					

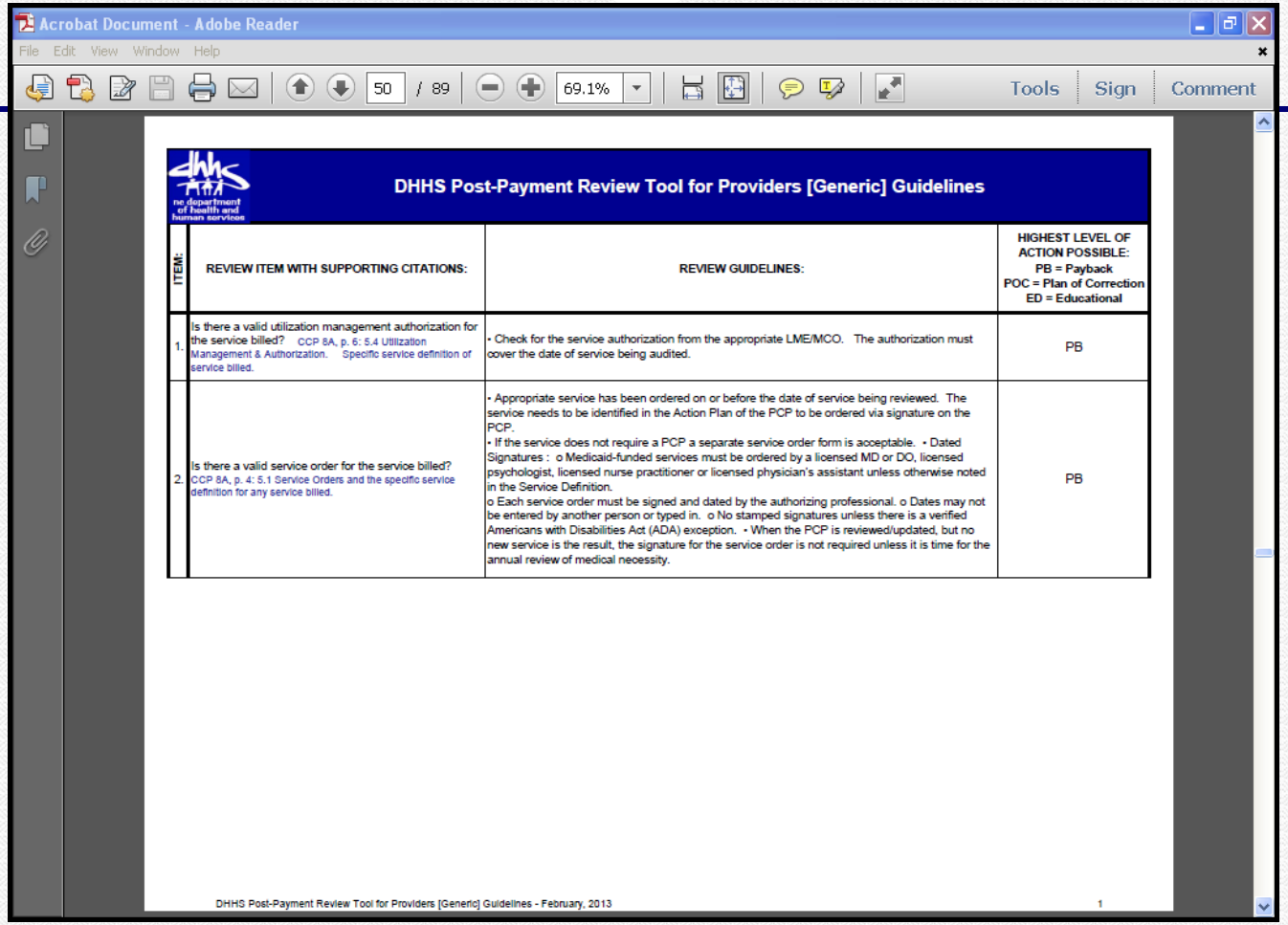
COMMENTS: [For Record #1-10]

Record 1, item# 3-6: PCP expired. A copy of the expired PCP scanned to file. No other PCP in beneficiary's Record/chart Record.

Medication Review Tool | Medication Review | Health, Safety, Compliance Tool | AFL Health & Safety Review | Post-Payment Generic Tool | Staff C

Draw AutoShapes

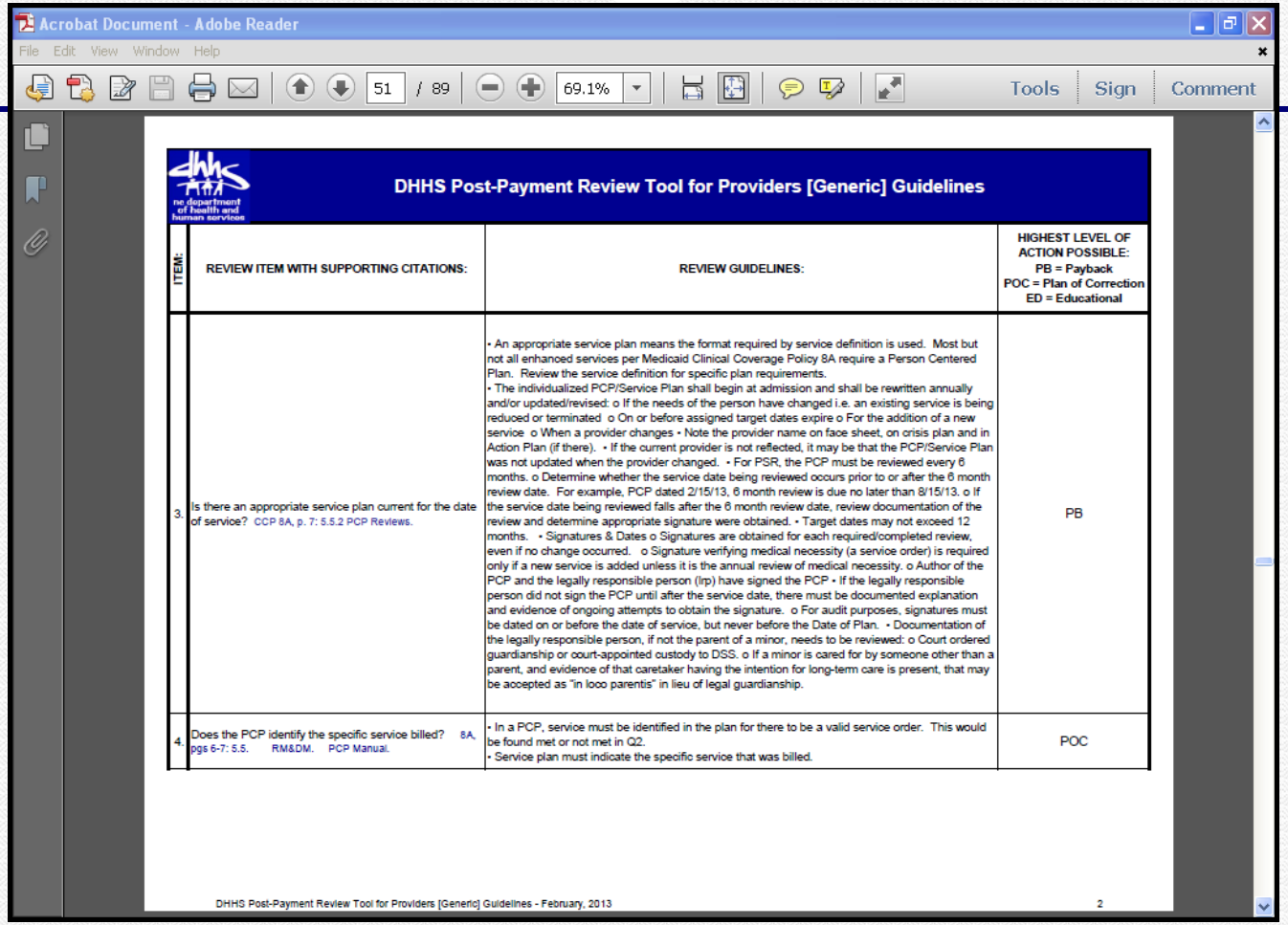
Generic PPR Guidelines, Citations, and Action



DHHS Post-Payment Review Tool for Providers [Generic] Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
1.	Is there a valid utilization management authorization for the service billed? CCP 8A, p. 6: 5.4 Utilization Management & Authorization. Specific service definition of service billed.	• Check for the service authorization from the appropriate LME/MCO. The authorization must cover the date of service being audited.	PB
2.	Is there a valid service order for the service billed? CCP 8A, p. 4: 5.1 Service Orders and the specific service definition for any service billed.	• Appropriate service has been ordered on or before the date of service being reviewed. The service needs to be identified in the Action Plan of the PCP to be ordered via signature on the PCP. • If the service does not require a PCP a separate service order form is acceptable. • Dated Signatures : o Medicaid-funded services must be ordered by a licensed MD or DO, licensed psychologist, licensed nurse practitioner or licensed physician's assistant unless otherwise noted in the Service Definition. o Each service order must be signed and dated by the authorizing professional. o Dates may not be entered by another person or typed in. o No stamped signatures unless there is a verified Americans with Disabilities Act (ADA) exception. • When the PCP is reviewed/updated, but no new service is the result, the signature for the service order is not required unless it is time for the annual review of medical necessity.	PB

Generic PPR Guidelines, Citations, and Action



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ne department of health and human services

DHHS Post-Payment Review Tool for Providers [Generic] Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
3.	Is there an appropriate service plan current for the date of service? CCP 8A, p. 7: 5.5.2 PCP Reviews.	• An appropriate service plan means the format required by service definition is used. Most but not all enhanced services per Medicaid Clinical Coverage Policy 8A require a Person Centered Plan. Review the service definition for specific plan requirements. • The individualized PCP/Service Plan shall begin at admission and shall be rewritten annually and/or updated/revised: o If the needs of the person have changed i.e. an existing service is being reduced or terminated o On or before assigned target dates expire o For the addition of a new service o When a provider changes • Note the provider name on face sheet, on crisis plan and in Action Plan (if there). • If the current provider is not reflected, it may be that the PCP/Service Plan was not updated when the provider changed. • For PSR, the PCP must be reviewed every 6 months. o Determine whether the service date being reviewed occurs prior to or after the 6 month review date. For example, PCP dated 2/15/13, 6 month review is due no later than 8/15/13. o If the service date being reviewed falls after the 6 month review date, review documentation of the review and determine appropriate signature were obtained. • Target dates may not exceed 12 months. • Signatures & Dates o Signatures are obtained for each required/completed review, even if no change occurred. o Signature verifying medical necessity (a service order) is required only if a new service is added unless it is the annual review of medical necessity. o Author of the PCP and the legally responsible person (lrp) have signed the PCP • If the legally responsible person did not sign the PCP until after the service date, there must be documented explanation and evidence of ongoing attempts to obtain the signature. o For audit purposes, signatures must be dated on or before the date of service, but never before the Date of Plan. • Documentation of the legally responsible person, if not the parent of a minor, needs to be reviewed: o Court ordered guardianship or court-appointed custody to DSS. o If a minor is cared for by someone other than a parent, and evidence of that caretaker having the intention for long-term care is present, that may be accepted as "in loco parentis" in lieu of legal guardianship.	PB
4.	Does the PCP identify the specific service billed? 8A, pgs 6-7: 5.5. RM&DM. PCP Manual.	• In a PCP, service must be identified in the plan for there to be a valid service order. This would be found met or not met in Q2. • Service plan must indicate the specific service that was billed.	POC

DHHS Post-Payment Review Tool for Providers [Generic] Guidelines - February, 2013 2

QUESTIONS or COMMENTS

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Please send any questions or comments about the Gold Star Provider Monitoring Tools or process to the following mailbox:
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or to
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